

Disability Awareness Month

BUILDING MIDDLE SCHOOL AND HIGH SCHOOL VOLUNTEER PROGRAMS

Middle school and high school students often spend time volunteering for community service projects, especially if they are involved in school-sponsored service organizations, honor societies or student government associations. Many of these organizations exist for the sole purpose of performing community service activities, while others require student members (or the club as a whole) to accumulate a certain number of volunteer hours per year.

Because so many of Indiana's youth are involved in these organizations, they provide an ideal forum through which to spread the Disability Awareness Month message of disability awareness and inclusion. In addition, these organizations are often an excellent way for students to interact with people with disabilities and gain a greater depth of understanding about disability issues. Disability Awareness Month doesn't have to begin March 1 and end March 31. Middle school and high school service organizations can implement the values of Disability Awareness Month all year long.

This packet includes suggestions for long-term service projects your middle school or high school service organization can initiate. If no appropriate service organization exists, you might choose to form a new organization dedicated to these activities. The activities can be performed solely by organization members, or members can lead the way toward getting an entire grade or school involved in a service project. However you choose to implement these activities, they will increase disability awareness and inclusion; as a bonus, these activities can probably be used to fulfill organizational service requirements.

When people think of disability-related community services, many assume they will be helping needy people with disabilities. While those types of activities may serve their purpose, the emphasis here is on working *alongside, not on behalf of*, people with disabilities. The following suggestions will cause students to re-examine their assumptions and stereotypes about people with disabilities and help them appreciate the *abilities* of people with disabilities.

First steps

Before you select a community service project, meet with potential volunteers and brainstorm possible activities. Where and how would they like to volunteer? What activities would benefit the community and be engaging to volunteers? How can they partner with special education students or others with disabilities from a local organization? Members may be more engaged and enthusiastic if the idea is their own; just remember to emphasize that the activity should be conducted alongside people with disabilities.

Also discuss any concerns the students have about volunteering with people with disabilities. Will they know what to say? What to do? Will they feel uncomfortable? Encourage the students to discuss these feelings openly. Invite the special education coordinator or a person from the organization you are considering volunteering with to speak to your group. Also consider distributing and discussing the Council's "Power of Words" brochure, which offers tips on interacting with people with disabilities. To order copies of the brochure at no charge, contact Kim Dennison at (317) 631-6400 (voice) or kdennison@bjmpr.com (e-mail).

When you have had this discussion, make connections with your school's special education department, a local disability service provider or other disability-related organization. Explain the type of community service activity you have in mind and ask whether they would be interested in participating. Discuss any potential concerns and determine the details of the working relationship. For example, who will handle media relations? Who will be the "point person" for specific projects?

Once you have established this partnership, work together to set appropriate goals for your project and/or program. For example, if you choose to stage a fund-raising event, set a monetary goal. If you create a buddy program, determine how many matches you hope to achieve within the next three months, six months and beyond. Having a clear goal will help unite volunteers, and it will also help you evaluate the success of your activities.

Following are suggestions for various community service projects your middle school or high school service organization could implement, in partnership with people with disabilities. Again, give volunteers the opportunity to brainstorm their own ideas; they may identify unique needs in your community that aren't reflected here.

Buddy program

As recently as 10 years ago, students with disabilities were isolated in “resource” classrooms and might even eat lunch at different times as their peers without disabilities. Across the nation, this educational model is changing, and students with disabilities are now being educated in the least restrictive environment possible. Educational inclusion, however, does not always translate into social inclusion, which is why “buddy programs” are springing up in schools nationwide. These programs pair students with and without disabilities for social activities, such as attending an athletic event or eating at a restaurant.

You can implement a buddy program in your own school by matching up students with and without disabilities based on their interests and skills. For guidance in the process, you can turn to a national model: Best Buddies is a nonprofit organization that helps schools establish buddy programs. For more information, visit www.bestbuddiesindiana.org or contact the state program at 317-920-8683 or national headquarters at (800) 89-BUDDY. You can establish a local Best Buddies chapter or create your own similar program.

For a buddy program to be truly effective, it must offer some structured group activities, while allowing students with and without disabilities to develop friendships naturally. Be sure to follow up with the buddy pairs to answer any questions and check on the success of the matches. A successful program will eventually become bigger than itself, because students with and without disabilities will maintain friendships independent of the program. While this helps students with disabilities become more integrated members of the community, it helps students without disabilities learn more about disability-related issues and diversity.

Community service partnership

Work with your student organization to form a community service partnership with a disability-related community organization. Members of both organizations will work together, perhaps once per semester or on an ongoing basis, to complete a community service project.

Students without disabilities may at first be hesitant about creating this partnership. But by working alongside people with disabilities to accomplish a common goal, students without disabilities will begin to recognize and appreciate the abilities and interests of people with disabilities. At the same time, people with disabilities will become more integrated into the life of the community. And members of both groups will enhance their self-esteem and marketable job skills through their volunteer activities.

Some community service suggestions include:

- Community beautification – Work together to beautify a community park, collect litter, plant trees or perform other activities to benefit the community. You might also consider jointly adopting a highway or median and sharing the responsibility for its maintenance.
- Supporting the homeless – Gather donations and assemble “care kits” for people at homeless shelters in your community. Check with the shelter to identify the most-needed items, which might include soap, washcloths, deodorant and other toiletries. Then plan an “assembly event,” when volunteers with and without disabilities get together to create the kits and enjoy good food and good conversation.
- Feeding the hungry – Volunteer to staff a local soup kitchen on one evening per week or one weekend per month, then coordinate volunteers’ schedules so members with and without disabilities work together to fill the shifts. Also consider sponsoring a food drive.
- Fund-raising – Select a local nonprofit organization, such as a domestic abuse shelter or hospice program, and work together to stage a fund-raising event. Options include a bake sale (perhaps cooking together in the school kitchen, if possible), carwash and much more. Be creative! Brainstorm as a group and be sure to solicit ideas from all potential volunteers. You might choose to vote on which organization to support and the type of fund-raising event to plan.
- Book drive – Work together to collect new and “gently used” books for a local library, children’s hospital, homeless shelter or other organization. Volunteers could staff booths during school lunches and at a local bookstore, distribute fliers, or even raise money to purchase books directly. If possible, allow volunteers to pass out the donated books to the children.

No matter what activity you choose, create as much interaction as possible between people with and without disabilities. For example, when the project is completed, you should organize a “victory party,” similar to the cast parties held when a drama production closes. These social gatherings will reward volunteers for a job well done while also encouraging them to develop a good understanding of people with disabilities and disability-related issues.

Working with the media

Your message – that people with disabilities are capable of completing just about any activity – will reach the greatest number of people through the news media. When you launch your selected project, notify the media with a media advisory that answers basic questions such as who, what, where, when, why and how. Also include any other information you think is important. An example is included at the end of this packet; please feel free to adapt it to your needs. Then, send it to editors at local newspapers or news directors at local television stations and radio stations. Check the media outlets’ web sites or the phone book for contact information. When you receive coverage, it is appropriate to send a thank-you letter.

Sometimes a reporter with the best intentions uses language in a story that creates negative impressions of people with disabilities. Examples include “the handicapped” or “the disabled person.” If you receive such media coverage, send a thank-you letter, but also include suggestions and guidelines for correct language to use when referring to people with disabilities. A sample letter is enclosed, along with “Guidelines for Reporting and Writing About People with Disabilities,” produced by the Indiana Governor’s Council for People with Disabilities.

Evaluation

Evaluating the success of your volunteer project is an essential step. What worked? What didn’t? What can we do better next time? How much media coverage and community involvement did we elicit? If you selected a short-term or one-day project, have a wrap-up meeting afterward to discuss these questions and make preliminary plans for the next project. If your project is ongoing, set evaluation meetings at regular intervals, perhaps every three to six months. Be sure to solicit feedback from all volunteers and brainstorm ways to continuously improve the project and/or program.

(Sample Media Advisory)

For Immediate Release
(Date)

Contact:
(Your Name)
(Your phone)

MEDIA ADVISORY

What	Community Beatification Day Students with and without disabilities will volunteer at Anytown Park to clean up litter, plant trees and flowers, and more.
When	Saturday, March 1 10 a.m. to 5 p.m.
Where	Anytown Park 100 N. Main St.
Who	Students from Anytown High School who are members of a community service partnership among people with and without disabilities.
Note	For more information, call 123-4567 or e-mail anytown@anytown.org .

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(Sample Thank You Letter – With Suggestions for Appropriate Language)

(Date)

(Mr. John Doe)

(Title)

(XYZ Media)

(123 Main Street)

(Anytown, Indiana 46000)

Dear (Mr. Doe):

Thank you for your recent article/broadcast about our organization/event. Although we always appreciate coverage about people with disabilities and the issues that concern them, it is also important to realize that the way a reporter tells a story can make a significant difference in how people with disabilities are perceived in the community.

Reporting on the disability community is just like reporting on any other minority group; there are “correct” words and phrases to use. The Indiana Governor’s Council for People with Disabilities and other disability organizations emphasize “people first” language that focuses on the person first, with the disability as secondary. For example, *woman who is deaf* is preferred over *deaf woman*. In addition, *people with disabilities* is preferred over *the handicapped* or *the disabled*.

I have enclosed “Guidelines for Reporting and Writing about People with Disabilities.” The guidelines explain preferred terminology when reporting about people with disabilities and reflect the input of more than 100 national disability organizations.

If you ever have a question these guidelines don’t address, please feel free to contact me at 123-4567 (voice) or anytown@anytown.org (e-mail). Again, we appreciate your coverage of our organization and people with disabilities in general.

Sincerely,

(Your name)

(Title)

Enclosure

Guidelines for Reporting and Writing About People with Disabilities

When writing, it's important to be concise, particularly in journalism. However, sometimes the effort to limit wordiness leads to inappropriate references to people with disabilities. The following guidelines explain preferred terminology and reflect input from more than 100 national disability organizations. These guidelines have been reviewed and endorsed by media and disability experts throughout the country. Although opinions may differ on some terms, the guidelines represent the current consensus among disability organizations. Portions of the guidelines have been adopted into the "Associated Press Stylebook," a basic reference for professional journalists.

DO NOT FOCUS ON DISABILITY unless it is crucial to a story. Avoid tear-jerking human interest stories about incurable diseases, congenital impairments or severe injury. Focus instead on issues that affect the quality of life for those individuals, such as accessible transportation, housing, affordable health care, employment opportunities and discrimination.

PUT PEOPLE FIRST, not their disability. Say "woman with arthritis," "children who are deaf" or "people with disabilities." This puts the focus on the individual, not the particular functional limitation. Despite editorial pressures to be succinct, it is never acceptable to use "crippled," "deformed," "suffers from," "victim of," "the retarded," "the deaf and dumb," etc.

DO NOT SENSATIONALIZE A DISABILITY by writing "afflicted with," "crippled with," "suffers from," "victim of" and so on. Instead, write "person who has multiple sclerosis" or "man who had polio."

DO NOT USE GENERIC LABELS for disability groups, such as "the retarded" or "the deaf." Emphasize people, not labels. Say "people with mental retardation" or "people who are deaf."

EMPHASIZE ABILITIES, not limitations. For example:

- Correct: "uses a wheelchair/braces" or "walks with crutches"
- Incorrect: "confined to a wheelchair," "wheelchair-bound" or "crippled"

Similarly, do not use emotional descriptors such as "unfortunate," "pitiful" or similar phrases.

Disability groups also strongly object to using euphemisms to describe disabilities. Terms such as "handi-capable," "mentally different," "physically inconvenienced" and "physically challenged" are considered condescending. They reinforce the idea that disabilities cannot be dealt with directly and candidly.

SHOW PEOPLE WITH DISABILITIES AS ACTIVE participants in society. Portraying persons with disabilities interacting with people without disabilities in social and work environments helps break down barriers and open lines of communications.

DO NOT PORTRAY SUCCESSFUL PEOPLE WITH DISABILITIES AS SUPERHUMAN.

Many people with disabilities do not want to be “hero-ized.” Like many people without disabilities, they wish to be fully included in our communities and do not want to be judged based on unreasonable expectations.

DO NOT IMPLY DISEASE when discussing disabilities that result from a prior disease episode. People who had polio and experienced after-effects have a post-polio disability. They are not currently experiencing the disease. Do not imply disease with people whose disability has resulted from anatomical or physiological damage (e.g., person with spina bifida or cerebral palsy). Reference to the disease associated with a disability is acceptable only with chronic diseases, such as arthritis, Parkinson’s disease or multiple sclerosis. People with disabilities should never be referred to as “patients” or “cases” unless their relationship with their doctor is under discussion.

LISTED BELOW ARE PREFERRED WORDS THAT REFLECT A POSITIVE ATTITUDE IN PORTRAYING DISABILITIES:

- *Brain injury.* Describes a condition where there is long-term or temporary disruption in brain function resulting from injury to the brain. Difficulties with cognitive, physical, emotional or social functioning may occur. Use “person with a brain injury,” “woman who has sustained brain injury” or “boy with an acquired brain injury.”
- *Cleft lip.* Describes a specific congenital disability involving lip and gum. The term “hare lip” is anatomically incorrect and stigmatizing. Use “person who has a cleft lip” or “a cleft palate.”
- *Deaf.* Deafness refers to a profound degree of hearing loss that prevents understanding speech through the ear. “Hearing impaired” and “hearing loss” are generic terms used by some individuals to indicate any degree of hearing loss – from mild to profound. These terms include people who are hard of hearing and deaf. However, some individuals completely disfavor the term “hearing impaired.” Others prefer to use “deaf” or “hard of hearing.” “Hard of hearing” refers to a mild to moderate hearing loss that may or may not be corrected with amplification. Use “woman who is deaf,” “boy who is hard of hearing,” “individuals with hearing losses” and “people who are deaf or hard of hearing.”
- *Disability.* General term used for a functional limitation that interferes with a person’s ability to, for example, walk, lift, hear or learn. It may refer to a physical, sensory or mental condition. Use as a descriptive noun or adjective, such as “person living with AIDS,” “woman who is blind” or “man with a disability.” “Impairment” refers to loss or abnormality of an organ or body mechanism, which may result in a disability.
- *Disfigurement.* Refers to physical changes caused by burn, trauma, disease or congenital problems.

- *Down syndrome*. Describes a chromosome disorder that usually causes a delay in physical, intellectual and language development. Usually results in mental retardation. “Mongol” or “mongoloid” are unacceptable.
- *Handicap*. Not a synonym for disability. Describes a condition or barrier imposed by society, the environment or by one’s self. Some individuals prefer “inaccessible” or “not accessible” to describe social and environmental barriers. “Handicap” can be used when citing laws and situations, but should not be used to describe a disability. Do not refer to people with disabilities as “the handicapped” or “handicapped people.” Say “the building is not accessible for a wheelchair-user.” “The stairs are a handicap for her.”
- *HIV/AIDS*. Acquired immunodeficiency syndrome is an infectious disease resulting in the loss of the body’s immune system to ward off infections. The disease is caused by the human immunodeficiency virus (HIV). A positive test for HIV can occur without symptoms of the illnesses, which usually develop up to 10 years later, including tuberculosis, recurring pneumonia, cancer, recurrent vaginal yeast infections, intestinal ailments, chronic weakness and fever and profound weight loss. Preferred: “people living with HIV,” “people with AIDS” or “living with AIDS.”
- *Mental disability*. The Federal Rehabilitation Act (Section 504) lists four categories under mental disability: “psychiatric disability,” “intellectual disability,” “learning disability” or “cognitive impairment” are acceptable.
- *Nondisabled*. Appropriate term for people without disabilities. “Normal,” “able-bodied,” “healthy” or “whole” are inappropriate.
- *Seizure*. Describes an involuntary muscular contraction, a brief impairment or loss of consciousness, etc., resulting from a neurological condition such as epilepsy or from an acquired brain injury. Rather than “epileptic,” say “girl with epilepsy” or “boy with a seizure disorder.” The term “convulsion” should be used only for seizures involving contraction of the entire body.
- *Spastic*. Describes a muscle with sudden abnormal and involuntary spasm. Not appropriate for describing someone with cerebral palsy or a neurological disorder. Muscles, not people, are spastic.
- *Stroke*. Caused by interruption of blood to brain. Hemiplegia (paralysis on one side) may result. “Stroke survivor” is preferred over “stroke victim.”

The Indiana Governor’s Council for People with Disabilities would like to acknowledge the Research and Training Center on Independent Living at the University of Kansas for the usage rights of the “Guidelines.”